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SERIAL NUMBER 10/649,047	FILING OR 371(c) DATE 08/26/2003 RULE	CLASS 606	GROUP ART UNIT 3739	ATTORNEY DOCKET NO. 035555-000003
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APPLICANTS

Michael D. Laufer, Menlo Park, CA;
Jeffrey J. Christian, Morgan Hill, CA;

** CONTINUING DATA *****

This appln claims benefit of 60/435,986 12/20/2002

** FOREIGN APPLICATIONS *****

IF REQUIRED, FOREIGN FILING LICENSE GRANTED **
12/03/2003

** SMALL ENTITY **

Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no	STATE OR COUNTRY CA	SHEETS DRAWING 4	TOTAL CLAIMS 64	INDEPENDENT CLAIMS 4
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged <u>Examiner's Signature</u> <u>Initials</u>				

ADDRESS

Robert E. Krebs
Thelen Reid & Priest, LLP
P.O. Box 640640
San Jose, CA95164-0640

TITLE

DEVICE AND METHOD FOR RESECTION OF TISSUE

FILING FEE RECEIVED 878	FEEs: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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